

STATE OF MINNESOTA

PAYROLL DIRECT DEPOSIT AUTHORIZATION

| Check all that apply: | |
|--|---|
| | |
| Add/change/delete existing direct deposit(s) |) |
| Stop all direct deposit effective: | |
| | |

| ************************************** | (Used only for MMB-approved exceptions) | | | | | |
|--|--|--|---|--|--|--|
| Employee ID | | Employee Name (last, first, middle | initial) | Agency Name | Work Phone | |
| Action | Priority # (e.g. 1,2,3) | Bank ID Number* (9 digits) | Account Number* (up to 17 characters) | Deposit Type | Account Type* | |
| Add Change Delete Effective Date | Financial Ins | stitution (name, street address, city, stat | , | | Checking Savings cransferring any of your pay from this cial institution outside of the U.S.A. | |
| Action | Priority # (e.g. 1,2,3) | Bank ID Number* (9 digits) | Account Number* (up to 17 characters) | Deposit Type | Account Type* | |
| Add Change Delete Effective Date | Financial Ins | stitution (name, street address, city, stat | e) Transferrin Funds? | Amount \$ Percent % Balance Check the box if you will be to financial institution to a financial | Checking Savings cransferring any of your pay from this cial institution outside of the U.S.A. | |
| | | | | | | |
| Action | Priority # (e.g. 1,2,3) | Bank ID Number* (9 digits) | Account Number* (up to 17 characters) | Deposit Type | Account Type* | |
| Action Add Change Delete | (e.g. 1,2,3) | | (up to 17 characters) | Deposit Type Amount \$ Percent % Balance | Account Type* Checking Savings | |
| Add Change | (e.g. 1,2,3) | (9 digits) | (up to 17 characters) | Amount \$ Percent % Balance | Checking | |
| Add Change Delete Effective Date | Financial Ins | (9 digits) | (up to 17 characters) e) Transferrin Funds? CK TO THIS FORM. IF YOU SELECTE | Amount \$ Percent % Balance G Check the box if you will be to financial institution to a financial Savings Account, Attach A | Checking Savings Transferring any of your pay from this cial institution outside of the U.S.A. | |
| Add Change Delete Effective Date IF YOU SELECT (NOTE: DO NOT | Financial Ins | (9 digits) stitution (name, street address, city, state G ACCOUNT, ATTACH A VOIDED CHEC | (up to 17 characters) e) Transferrin Funds? CK TO THIS FORM. IF YOU SELECTE E PRE-PRINTED BANK AND ACCOUNT | Amount \$ Percent % Balance G Check the box if you will be to financial institution to a financial Savings Account, Attach A | Checking Savings Transferring any of your pay from this cial institution outside of the U.S.A. | |
| Add Change Delete Effective Date IF YOU SELECT (NOTE: DO NOT | Financial Ins | (9 digits) stitution (name, street address, city, state G ACCOUNT, ATTACH A VOIDED CHECE DEPOSIT SLIP IF IT DOES NOT HAVE | (up to 17 characters) e) Transferrin Funds? CK TO THIS FORM. IF YOU SELECTE E PRE-PRINTED BANK AND ACCOUNT | Amount \$ Percent % Balance G Check the box if you will be to financial institution to a financial Savings Account, Attach A | Checking Savings Transferring any of your pay from this cial institution outside of the U.S.A. | |
| Add Change Delete Effective Date IF YOU SELECT (NOTE: DO NOT * Changes shou Remarks I authorize Minnes debit entries and a | Financial Ins Financial Ins ED CHECKING ATTACH THE Id be effective sota Managementa for ital institutions to | (9 digits) stitution (name, street address, city, state G ACCOUNT, ATTACH A VOIDED CHECE DEPOSIT SLIP IF IT DOES NOT HAVE | (up to 17 characters) Transferrin Funds? CK TO THIS FORM. IF YOU SELECTE PRE-PRINTED BANK AND ACCOUNT posit in the payroll system. Is indicated above to initiate electronic crocounts as I indicated above. I understa | Amount \$ Amount \$ Percent % Balance g Check the box if you will be the financial institution to a financial institut | Checking Savings Transferring any of your pay from this cial institution outside of the U.S.A. DEPOSIT SLIP TO THIS FORM. Ounts I designated and if necessary, any previously authorized direct | |

Payroll Direct Deposit Authorization Form Instructions

<u>Boxes In The Upper Right-Hand Corner Of Form:</u> Check all applicable boxes. Note: If you have arranged to have funds transferred to a foreign financial institution check the correct box. To stop all direct deposits based on a MMB approved exception, check the Stop box and sign and date the form.

Action: Check one box per row. Indicate if the direct deposit record is being added, changed or deleted.

Priority Number: Indicate which direct deposit account should receive funds first, second, or third.

<u>Bank ID Number and Account Number</u>: If you are not sure what these numbers are, contact your financial institution. Credit unions may not have the correct bank ID number and account number needed for direct deposit printed on their checks. If applying for direct deposit to a credit union, contact the credit union for the numbers and for the type of account to select. (These numbers are correct on Affinity Plus Federal Credit Union and Hiway Federal Credit Union checks.)

<u>Deposit Type:</u> Select amount, percent or balance. Fill in the amount (\$) or percent (%). There must be one distribution with balance selected, or a distribution of 100%. **Each** direct deposit **must have** either a dollar amount or a percent of net pay except for Deposit Type Balance.

Account Type: If you have accounts other than checking or savings (such as a loan), ask your financial institution which type of account to select.

Effective Date: If the information you provide is correct, your direct deposit will be effective after the agency enters the direct deposit in the payroll system. Deposits will be in accounts sometime on the check's issue date. The financial institution must post the deposit on the issue date, but may do so anytime on that day. Even if the financial institution posts it early in the day, a few automatic teller machines (ATMs) may not register the deposit until the next day. Ask your financial institution when the deposit will be available. If you have a problem with a deposit on the check's issue date (for example, the ATM does not reflect the deposit), ask the direct deposit representative at your financial institution when the deposit will be posted.

<u>Financial Institution:</u> Enter the name and full address of your U.S.A. financial institution.

<u>Transferring Funds?</u>: Select the check box if any of your pay will be transferred from this financial institution to a financial institution outside of the U.S.A.

Direct Deposit Distribution Examples:

Example 1: Priority 1 - 75% of net pay to checking, Priority 2 - 25% of net pay to savings, Priority 3 - Balance to same account as savings.

- If net pay is \$500.00, the checking deposit will be \$375.00 and the savings deposit will be \$125.00.
- Any excess balance will be deposited into the savings account.

Example 2: Priority 1 - \$300.00 to checking, Priority 2 - \$200.00 savings, Priority 3 - Balance to same account as checking.

- If net pay is \$500.00, the checking deposit will be \$300.00 and the savings deposit will be \$200.00.
- If net pay is \$550.00, the checking deposit will be \$350.00 and the savings deposit will be \$200.00.
- If net pay is \$100.00, the checking deposit will be \$100, and there will be no savings deposit.

Notice: All data on this form is private data, in accordance with Minnesota Statute 13.43, except for employee name, employee ID number, agency name and work phone. The private data is not legally required; however, by not providing it, your direct deposit transaction will not be assured of going to the correct financial institution, to the correct account or that the correct amount will be posted accurately. The private data listed on this form is available to representatives of your agency and employees of the State who perform personnel or payroll related functions, provided such individuals have a business reason to access the data. Others who may legally access this information are representatives of the Attorney General and Legislative Auditor, enforcement agencies with statutory authority and persons/entities authorized by law or court order.